

# Insurance Policy Discontinuation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to inform you of my decision to discontinue my insurance policy, effective [Insert Effective Date]. My policy number is [Insert Policy Number].

As per the terms outlined in the policy agreement, I would like to request confirmation of the policy cancellation and any final statements or balances required from my end.

Thank you for your assistance during my time with your company.

Sincerely,

[Your Name]